



PHYSICIAN ASSISTANT & NURSE PRACTICIONER PARAMEDIC PROGRAM COMPETENCY SUMMARY

CANDIDATE'S PRINTED NAME

CANDIDATE'S EMS CERTIFICATION #

Please ☒ the method(s) below that were utilized for verification of candidate's competency

COMPETENCIES	Paramedic Program Required Numbers*	Q/A: Q/I	DIRECT OBSERVATION	OTHER
Medication Administration	15			
Oral Intubation (Adult)	1 Live			
Intravenous Access	25			
Ventilate Non-Intubated Patient	1			
Adult Assessment	50			
Pediatric Assessment	30			
Geriatric Assessment	30			
OB Assessment	10			
Trauma Assessment	40			
Psychiatric Assessment	20			
Chest Pain Assessment	30			
Respiratory/Dyspnea Assessment	20			
Pediatric Respiratory and Dyspnea Assessment	8			
Syncope Assessment	10			
Abdominal Complaints	20			
Altered Mental Status	20			

*Candidate is not required to meet the specific numbers for each competency but they are listed as a guide for the OMD/PCD utilization during the evaluation.

As Operational Medical Director / Physician Course Director, I do hereby affix my signature attesting to the competency in all of the items outlined above.

PRINTED PHYSICIAN NAME

OMD/PCD NUMBER

PHYSICIAN SIGNATURE

DATE SIGNED

ALL PARAMEDIC CANDIDATES MUST DEMONSTRATE COMPETENCY AS A TEAM LEADER ON AN ADVANCED LIFE
SUPPORT EMS UNIT FOR A MINIMUM OF 50 RUNS.

Team Leader on EMS ALS Unit

50 Patient Contacts

As a Paramedic Preceptor approved by the OMD/PCD on the reverse side, I do hereby affix my signature attesting to the completion of the competency of Team Leader on an EMS ALS Unit on a minimum of 50 patient contacts.

PRINTED PARAMEDIC PRECEPTOR NAME

PARAMEDIC PRECEPTOR SIGNATURE

DATE SIGNED

As Operational Medical Director / Physician Course Director, I do hereby affix my signature attesting to the competency in all of the items outlined above.

PRINTED PHYSICIAN NAME

OMD/PCD NUMBER

PHYSICIAN SIGNATURE

DATE SIGNED

If this form is not completed in its entirety it will be returned to the candidate for completion.

A copy of this completed form must be forwarded to:

ALS Training Specialist
Office of EMS
109 Governor Street UB-55
Richmond, Virginia 23219